								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								RD - 10/692401					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			22	22				RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 3			X\$ 9=	1	OR	X\$18=	54	
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X43=	+	1	X86≈	7.1	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2						L			OR				
								TOTAL	· L	OR	TOTAL	824	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	OTHER SMALL !		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	.23	Minus	-2	3	=		X\$ 9=		OR	X\$18=	0	
E E	Independent	. 3	Minus	*** 2	3	•		X43=	1	OR	X86=	0	
٩	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		H		 	\\`.\			
							L	+145=		OR	+290=	0	
							A	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	J	
	10-10-06	(555											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 23	Minus	* 2	3	• —		X\$ 9=		OR	X\$18=		
	Ind pendent	. 3	Minus	***	ろ	п		X43=			X86*		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM				1	OR			
							L	+145=		OR	+290=		
		•					AI	YOYAL DDIT. FEE		OR A	TOTAL ODIT. FEE		
(Column 1) (Column 2) (Column 3)										_			
MEN		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		. .	Г	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	H						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X43=		OR	X86=		
• #	the entry in cohir	mn 1 is less than the	a stru la cabr	-a 2 write	w in coh	3	L	+145=		OR	+290=		
	I the "Highest Nur I the "Highest Nur	mber Previously Pai mber Previously Pai ther Previously Paid	id For IN THIS lid For IN THIS	S SPACE IS I	less than	1 20, enter "20."		TOTAL DOIT, FEE d in the ap			TOTAL DOIT. FEEL pmn 1.		